

## Good Faith Estimate of Patient Financial Obligation Travel and Immunization Services

Northwestern Medical Group Travel Medicine Department

Consultation Fees			
Service	Code	Estimated Charges	You Pay
Travel Counseling level 2	*	\$75.00	\$75.00
Travel Counseling level 3	*	\$110.00	\$110.00
Travel Counseling telehealth new	*	\$75.00	\$75.00
Travel Counseling telehealth F/U	*	\$30.00	\$30.00

Travel Consultation fees are not eligible for 30% discount.

Immunization Fees			
Item	Code	Estimated Charges (per vaccine)	30% Discount price when paid in full at time of service
Cholera	90625	\$486.00	\$340.20
Covid-19 Vaccine (Pfizer)	91320	\$300.00	\$210.00
Diphtheria Tetanus (TD)	90714	\$66.00	\$46.20
Diphtheria Tetanus/Pertussis (TDap)	90715	\$88.00	\$61.60
Gardasil HPV9	90651	\$529.00	\$370.30
Hep A- Hep B combo (Twinrix)	90636	\$232.00	\$162.40
Hepatitis A Vaccine	90632	\$146.00	\$102.20
Hepatitis B Vaccine - Energix, Adult	90746	\$131.00	\$91.70
Hepatitis B Vaccine (Immunocompromised)	90740	\$375.00	\$262.50
Hepatitis B Vaccine - Hepsilav-B	90739	\$472.00	\$330.40
HIB (Haemophilus Influenza Type B)	90648	\$75.00	\$52.50
Influenza Vaccine	90656	\$45.00	\$31.50
High Dose influenza	90662	\$110.00	\$77.00
Japanese Encephalitis	90738	\$530.00	\$371.00
Meningococcal Vaccine	90619	\$401.00	\$280.70
MenB	90620	\$412.00	\$288.40
MMR Vaccine (Measles, Mumps, Rubella)	90707	\$170.00	\$119.00
Pneumococcal Vaccine (Prevnar 13)	90670	\$385.00	\$269.50
Pneumococcal Vaccine (Pneumovax 23)	90732	\$207.00	\$144.90
Pneumococcal Vaccine (Prevnar 20)	90677	\$397.00	\$277.90
Polio IPV Vaccine	90713	\$79.00	\$55.30
Rabies IM Vaccine	90675	\$669.00	\$468.30
RSV, Bivalent (Abrysvo)	90678	\$521.00	\$364.70
Shingrix	90750	\$365.00	\$255.50
Typhim (Typhoid) VI Vaccine	90691	\$175.00	\$122.50
Varicella Vaccine	90716	\$321.00	\$224.70
Yellow Fever Vaccine	90717	\$260.00	\$182.00
TicoVac PFS	90627	\$496.00	\$347.20

Injection Fees			
Service	Code	Estimated Charges	You Pay
First Injection per visit (Over 18yrs Old)	90471	\$57.00	\$39.90
First Injection per visit (Under 18yrs Old)	90460	\$57.00	\$39.90
Each Subsequent Injection during the same visit (Over 18yrs Old)	90472	\$30.00	\$21.00
Each Subsequent Injection during the same visit (Under 18yrs Old)	90461	\$30.00	\$21.00
Covid-19 Immunization Administration	90480	\$88.00	\$61.60

Retail Product Fees			
Service	Code	Estimated Charges	You Pay
Replacement Travel Yellow Book (Established Patients Only)	*	\$15.00	\$15.00

Retail product fees are not eligible for 30% discount.

**Facility Name:** Northwestern Medical Group  
**Facility Location:** 676 N Saint Clair Street, Suite 900, Chicago, IL 60611

**Facility TIN:** 36-3097297

This estimate is not a contract and does not require you to obtain any of the items from the facilities on this form. Products or services to be furnished will be determined dependent on the provider's recommendation during the office visit.